



# SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN JOAQUIN

## Family Law Division

180 East Weber Avenue, 4th Floor  
Stockton, California 95202

### INSTRUCTIONS FOR STEPPARENT ADOPTION

This packet provides step-by-step instructions and forms for adoption of a child by the spouse or domestic partner of the child's parent. These forms and instructions cannot be used for any other type of adoption. If there is more than one child, you will need to complete one packet for each child.

#### 1. COMPLETE THE REQUIRED FORMS

<u>Form Number</u>	<u>Form Name</u>	<u>Form Function</u>
<input type="checkbox"/> ADOPT-200	Adoption Request	This tells the Judge about you and the child you are adopting.
<input type="checkbox"/> ICWA-010(A)	Indian Child Inquiry Attachment	This tells the Judge whether the child has Indian heritage. If you check item 1a, b, c, d, e, or g, you will also need to complete the ICWA packet.
<input type="checkbox"/> ICWA-020	Parental Notification of Indian Status	This tells the Judge whether the parent or guardian has Indian heritage.
<input type="checkbox"/> ADOPT-310 (Optional)	Contact After Adoption Agreement	This form is used only if there is an agreement that there will be contact with the child's biological relatives after the adoption is finalized.
<input type="checkbox"/> ADOPT-210	Adoption Agreement	This tells the Judge that you and the child, if over 12, agree to the adoption. Fill it out but <b><i>do not</i></b> sign it.
<input type="checkbox"/> SJ-AD-001	Adoption Questionnaire	This form will provide the Court Investigator with information required in order to complete an adoption investigation.
<input type="checkbox"/> AD 2	Consent to Adoption by Parent Retaining Custody	This form tells the Judge that the parent who is married to, or the domestic partner of, the adopting parent consents to the adoption.
<input type="checkbox"/> AD 2A	Consent to Adoption by a	This form is completed by the parent

	Parent in or outside of California Giving Custody to Husband or Wife or Domestic Partner of Other Parent	who has agreed to give up his or her parental rights. See "Consent of ending parental rights" on page 3 for additional information.
<input type="checkbox"/> AD 2B	Consent to Adoption by a Parent in or outside of California Giving Custody to Husband or Wife or Domestic Partner of Other Parent	This form is completed by the parent who lives outside California and has agreed to give up his or her parental rights.
<input type="checkbox"/> AD 2D	Consent to Adoption by Parent Outside California in Armed Forces Giving Custody to Husband or Wife or Domestic Partner of Other Parent	This form is completed by the parent in the Armed Forces outside California who has agreed to give up his or her parental rights.
<input type="checkbox"/> SUP CT 71	Request to Set Default	The clerk will set a hearing after the Investigator's report has been completed. (A self-addressed, stamped envelope must be submitted.)
<input type="checkbox"/> ADOPT-215	Adoption Order	The Judge will sign this form after the hearing if your adoption is approved. Fill out items 1, 2, and 3.
<input type="checkbox"/> VS 44	Court Report of Adoption	The Court uses this form to report the adoption to the Office of Vital Records. Complete Parts I and II of the form.

## 2. GATHER NECESSARY DOCUMENTS

Before the Court can grant your adoption request, a Court Investigator must conduct an adoption investigation and prepare a report.

As you are completing the Adoption Questionnaire, you will be asked to attach certified copies of various documents including your Marriage Certificate or Certificate of Registered Domestic Partnership. It may take time to obtain all of the necessary documents, so we suggest that you begin gathering them as early as possible. You must have everything when you file the Adoption Request. Certified copies of documents you will need to attach include:

### Required:

- The Child's Birth Certificate
- Marriage Certificate for Petitioner's (stepparent's) current marriage or Certificate of Registered Domestic Partnership

### If applicable:

- Death Certificate of the other parent

- Final Judgments of Dissolution (divorce decrees) from prior marriages, if any, for either Petitioner or Petitioner's spouse/partner
- Most recent Court Order awarding custody of the child to be adopted
- Order Terminating Parental Rights or Order Declaring Minor Free from Parental Custody and Control, if one has been obtained in another court proceeding.
- Order of Adoption, if the minor has been previously adopted
- Proof of donorship
- Proof of any name changes (including biological and adoptive parents, stepparents, and child)

### **3. CONSENT OF PARENT RETAINING CUSTODY**

You will need to obtain the consent of the parent who is retaining custody of the child - in other words, Petitioner's spouse or partner. The parent retaining custody must complete and sign before a notary public the attached "Stepparent Adoption - Consent to Adoption by Parent Retaining Custody - Form AD 2".

### **4. CONSENT OR ENDING PARENTAL RIGHTS**

You will need to obtain the consent of the parent who is giving up their parental rights to the child. That parent must complete and sign before a notary public either of the attached forms AD 2A, AD 2B, or AD 2D. Additional forms may be found at [www.cdss.ca.gov/inforesources/forms-brochures](http://www.cdss.ca.gov/inforesources/forms-brochures).

If the other parent does not want to sign a consent form, you will have to prepare and file a Petition to Terminate his or her parental rights. This must occur before the Court will consider your adoption request. If the other parent did not sign a Consent form, the Court will issue a Citation to that parent whose rights will be terminated by the adoption. You must have the Citation personally served on the other parent and, if you are unable to locate the other parent for purposes of service, you will need to ask the Court for an Order for Publication. A Citation (also attached) will need to accompany this Petition to Terminate.

There is an optional court form (SJ-AD-003) available for asking the Court to terminate parental rights which can be found at [www.sjcourts.org/forms-filing/local-forms/](http://www.sjcourts.org/forms-filing/local-forms/), or you will need to draft the required pleadings either on your own or with the assistance of a private attorney. If you wish to prepare the forms on your own, you may visit the Law Library or the Stockton Public Library to find books with sample pleadings. One book that has been particularly helpful for stepparent adoption is Nolo's Guide for Stepparents & Domestic Partners, by Frank Zagone and Attorney Emily Doskow. For additional information go to the California Courts Self-Help website: [www.courts.ca.gov/selfhelp-adoption.htm?rdeLocaleAttr=en](http://www.courts.ca.gov/selfhelp-adoption.htm?rdeLocaleAttr=en).

### **5. TAKE FORMS AND DOCUMENTS TO COURT**

When your forms are complete and you have certified copies of all required documents, make the following number of copies for the forms:

- Three (3) copies of the ADOPT-200 Adoption Request

- Three (3) copies of the ICWA-010(A) Indian Child Inquiry Attachment
- Two (2) complete copies of all other remaining forms and documentation.

Take the forms, documents, and copies to the San Joaquin County Superior Court at 180 East Weber Avenue, 4<sup>th</sup> Floor, Stockton, California, 95202, for filing. The court will charge a filing fee of \$20 per child. Acceptable payment types are cash, checks, money orders, credit cards (Visa and MasterCard), and debit cards.

## **6. ADOPTION INVESTIGATION AND HEARING**

There is a \$700 charge for the court investigation which must be paid when you file your paperwork. A copy of the report will be mailed to you and the original will be given to the Judge. At that time, you will be given a hearing date.

If you have asked the Court to terminate the other parent's parental rights (no consent given), you will be given a hearing for the Termination of Parental Rights at the time of filing your documents. The hearing on the Citation will be set within 45 days. The hearing on the Adoption will be set 60 days from the date of the Order for Termination, if granted.

## **7. ATTEND THE HEARING**

The stepparent, the custodial parent and the child(ren) must go to the Adoption Hearing. Please arrive for your court hearing 20 minutes early; when you get to court, let the clerk in the courtroom where the hearing is to be held know that you are there.

You may bring a camera if you want a photo with you and your child(ren) with the Judge. You may also bring friends and relatives.

We recommend that the child(ren) not attend the Termination of Parental Rights hearings.

You will receive a free certified copy of the Order of Adoption at the hearing. You are entitled to receive only one free certified copy at the time of hearing all additional copies will require a fee. In the event you need additional copies, visit the Records Management Department of the San Joaquin County Superior Court at [www.sjcourts.org/divisions/records-management/](http://www.sjcourts.org/divisions/records-management/) to request any copies.

## **8. OBTAIN A NEW BIRTH CERTIFICATE**

After the adoption has been approved by the Court, you will get a new birth certificate for the child(ren). This process is initiated by the Court. The clerk submits the Court Report of Adoption to the Office of Vital Records in Sacramento, which supervises the preparation of the new birth certificate.

## **9. ASSISTANCE WITH YOUR PAPERWORK**

If you need assistance with your paperwork you may go to the Self-Help Center located at 180 East Weber Avenue, Suite #105, Stockton, CA 95202. Online assistance is available at [www.sjcourts.or/self-help](http://www.sjcourts.or/self-help) (response time is three to five days).

***THIS FORM AND INFORMATION IS NOT INTENDED TO BE A COMPLETE STATEMENT OF ALL OF YOUR LEGAL RESPONSIBILITIES AND IS NOT INTENDED TO SUBSTITUTE FOR LEGAL ADVICE.***

# ADOPT-200 Adoption Request

Clerk stamps date here when form is filed.

If you are adopting more than one child, fill out an adoption request for each child.

## 1 Adopting parent(s)

a. Name: \_\_\_\_\_

b. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Lawyer (if any) (name, address, telephone numbers, e-mail address, and State Bar number):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Court fills in case number when form is filed.

Case Number: \_\_\_\_\_

## 2 County of filing

This *Adoption Request* is filed in this court because (check all that apply):

- The adopting parent or parents live in this county;
- The child was born in or the child now lives in this county;
- An office of the agency that placed the child for adoption is located in this county;
- An office of the department or public adoption agency that is investigating the request is located in this county;
- The placing birth parent or parents lived in this county when the adoptive placement agreement, consent, or relinquishment was signed;
- The placing birth parent or parents lived in this county when the request was filed;
- The child was freed for adoption in this county.

(To be completed by the clerk of the superior court if a hearing date is available.)

Hearing Date

Hearing is set for:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

Name and address of court if different from above:  
\_\_\_\_\_  
\_\_\_\_\_

**To the person served with this request:** If you do not come to this hearing, the judge can order the adoption without your input.

(Note: If the child is a dependent of the court, the *Adoption Request* must be filed in the county where the child was freed for adoption or the county where the adopting parent or parents reside. See Fam. Code, § 8714.)

## 3 Type of adoption

Check one of the following:

Agency (name): \_\_\_\_\_  Relative  Nonrelative

Tribal customary adoption (attach tribal customary adoption order)

Independent:  Relative  Nonrelative  Additional Parent(s)

Intercountry (name of agency): \_\_\_\_\_

Stepparent adoption

Stepparent adoption to confirm parentage. See form [ADOPT-050-INFO](#) to determine whether you are eligible for the stepparent adoption to confirm parentage process.

Joinder:

Joinder is being filed at same time as this *Adoption Request*.

Joinder will be filed.



Your name: \_\_\_\_\_

**4 Information about the child**

- a. The child's new name will be: \_\_\_\_\_
- b. Sex:  Female  Male  Nonbinary
- c. Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_
- d. Child's address (if different from address of adopting parent or parents):  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- e. Place of birth (if known): City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
- f. If the child is 12 or older, does the child agree to the adoption?  Yes  No
- g. Date child was placed in the physical care of the adopting parents: \_\_\_\_\_
- h.  The child was conceived by assisted reproduction in compliance with Family Code section 7613.
- i.  The child is a dependent of the court. Juvenile Case No. \_\_\_\_\_ County: \_\_\_\_\_

**5 Child's name before adoption** (fill out ONLY for independent, stepparent, or tribal customary adoption)

Child's name before adoption: \_\_\_\_\_

**6 Birth parents**

Names of birth parents, if known: \_\_\_\_\_

**7 Legal guardian**Does the child have a legal guardian?  Yes  No (If yes, attach *Letters of Guardianship* and fill out below.)

- a. Date guardianship ordered: \_\_\_\_\_ c. Case number: \_\_\_\_\_
- b. County: \_\_\_\_\_

**8 Inquiry and notice under the Indian Child Welfare Act**

- a.  The inquiry required under law to determine whether the child may be an Indian child has been made, and a completed *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.  
Note: In agency adoptions, it is the responsibility of the agency to ensure that this inquiry is conducted and the form is made part of the file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.
- b.  A completed version of *Parental Notification of Indian Status* (form ICWA-020) is attached OR a good faith attempt has been made to provide the form to the parents, Indian custodian, or guardian of the child and inform them that they are required to complete and submit the form to the court.  
Note: In agency adoptions, it is the responsibility of the agency to ensure that these forms are made part of the file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.
- c.  There is **reason to know** that this child is an Indian child. Notice of the adoption request will be provided to the child's tribe or tribes, parents, Indian custodian, and the Bureau of Indian Affairs, using *Notice of Child Custody Proceeding for Indian Child* (form ICWA-030).

**9 Adoption of an Indian child**

- a.  This is an adoption of an Indian child. The adopting parents have filled out and attached *Adoption of Indian Child* (form ADOPT-220) and will bring *Parent of Indian Child Agrees to End Parental Rights* (form ADOPT-225) to the hearing.
- b.  This is a tribal customary adoption under Welfare and Institutions Code section 366.24. Parental rights have been modified under and in accordance with the attached tribal customary adoption order, and the child has been ordered placed for adoption.



Your name: \_\_\_\_\_

**10 Agency adoption questions**

- a.  I/We have received information about the Adoption Assistance Program, the Regional Center, mental health services available through Medi-Cal or other programs, and federal and state tax credits that might be available.
- b. All persons with parental rights agree that the child should be placed for adoption by the California Department of Social Services or a county adoption agency or a licensed adoption agency (Fam. Code, § 8700) and have signed a relinquishment form approved by the California Department of Social Services, and the time to revoke the relinquishment has expired or been waived.  Yes  No  
*If no, list the name and relationship to child of each person who has not signed the relinquishment form or whose time to revoke the relinquishment has not expired or been waived:*

**11 Independent adoption questions**

- a.  A copy of the Independent Adoptive Placement Agreement from the California Department of Social Services is attached. (This is required in most independent adoptions; see Fam. Code, § 8802.)
- b. All persons with parental rights agree to the adoption and have signed the Independent Adoptive Placement Agreement or consent on the appropriate California Department of Social Services form.  Yes  No  
*(If no, list the name and relationship to child of each person who has not signed the agreement form):*
- c.  I/We will file promptly with the department or delegated county adoption agency the information required by the department in the investigation of the proposed adoption.
- d.  This is an independent adoption involving additional parent(s):
  - All persons with existing parental rights agree to this adoption and will maintain their existing parental rights.
  - An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s) is attached.

**12 Stepparent adoption and confirmation of parentage questions**

- a. The birth parent (name): \_\_\_\_\_  has signed a consent  will sign a consent.
- b. The birth parent (name): \_\_\_\_\_  has signed a consent  will sign a consent.
- c. The adopting parent married or entered into a registered domestic partnership with the legal parent on (date): \_\_\_\_\_  
*(For court use only. This does not affect social worker's recommendation. There is no waiting period.)*
- d.  I am seeking a stepparent adoption to confirm my parentage. At the time the child was born, I was married to or in a state-registered domestic partnership with the parent who gave birth or whose parentage was established through a gestational surrogacy process, and we remain in that union. See attached:
  - Form ADOPT-205, *Declaration Confirming Parentage in Stepparent Adoption*
  - Form ADOPT-206, *Declaration Confirming Parentage in Stepparent Adoption: Gestational Surrogacy*
  - Declaration describing the circumstances of the child's conception.
- e. The investigation or written report will be completed as follows (choose one):
  - I will choose someone to do an investigation or written report. I understand that the person I choose must be a licensed clinical social worker, a licensed marriage and family therapist, or work for a licensed private adoption agency. I will pay this person or agency directly.
  - I would like the court to choose someone to do an investigation. I understand that the court can charge me money for this investigation.
- f.  This is a stepparent adoption involving an additional parent:
  - All persons with existing parental rights agree to this adoption and will maintain their existing parental rights.
  - An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s) is attached.



Your name: \_\_\_\_\_

**13 Intercountry adoption questions**

- a.  This adoption may be subject to the Hague Adoption Convention (*form [ADOPT-216](#) must be filed with this request*).
- b.  This is an adoption conducted under the requirements of the Hague Adoption Convention and the child has already moved with the adopting parent(s) to another Hague Convention member country or will be moving at the conclusion of this adoption.

Child will be moving or has moved to (name of country): \_\_\_\_\_  
 Adopting parent(s):  seek(s) a California adoption  will be petitioning for a Hague Adoption Certificate  
 will be seeking a Hague Custody Declaration.

- c.  This is an intercountry adoption that was finalized in another country before the child entered the United States with the adopting parent(s).

Date the child entered the United States: \_\_\_\_\_  
 See form [ADOPT-050-INFO](#) for a list of documents to attach to this *Adoption Request*.

**14 Contact after adoption**

- Contact After Adoption Agreement* ([form ADOPT-310](#))  is attached  will not be used  
 will be filed at least 30 days before the adoption hearing  is undecided at this time.  
 This is a tribal customary adoption. Postadoption contact is governed by the attached tribal customary adoption order.

**15 Consent for adoption**

Complete all sections that apply to your adoption:

- a.  The consent of the birth parent is not necessary because (*check the applicable reasons under Fam. Code, § 8606*):
- (1)  The parent has been judicially deprived of the custody and control of the child.
  - (2)  The parent has voluntarily surrendered the right to custody and control of the child in a judicial proceeding in another jurisdiction, under a law of that jurisdiction providing for the surrender.
  - (3)  The parent has deserted the child without providing information to identify the child.
  - (4)  The parent has relinquished the child under Family Code section 8700.
  - (5)  The parent has relinquished the child for adoption to a licensed or authorized child-placing agency in another jurisdiction.
- b.  The child has a presumed parent under Family Code, section 7611. The consent of the presumed parent is not required because:
- (1)  The presumed parent did not become a presumed parent before the mother's relinquishment or consent became irrevocable or the mother's parental rights were terminated. (Fam. Code, § 8604(a).)
  - (2)  The presumed parent signed a Waiver of the Right to Further Notice of Adoption Proceedings pursuant to Family Code, section 7660.5.
- c.  Termination of parental rights of an alleged father is not required because:
- (1)  The relationship to the child was previously terminated or determined not to exist by a court.
  - (2)  The alleged father was served as prescribed in Family Code section 7666 with a written notice of alleged parentage and the proposed adoption, and has failed to bring an action pursuant to subdivision (c) of section 7630 within 30 days of service of the notice or the birth of the child, whichever is later. (*Attach proof of notice to this Adoption Request.*)
  - (3)  The alleged father has executed a written form to waive notice, deny parentage, relinquish the child for adoption, or consent to the adoption of the child.





Your name: \_\_\_\_\_

- 15** d.  A court ended the parental rights of:  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
*(Enter the date of the court order ending parental rights and attach a copy of the order.)*
- e.  The child is the subject of a tribal customary adoption order under Welfare and Institutions Code section 366.24, which has modified the parental rights of *(attach a copy of the order)*:  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_
- f.  I/We will ask the court to end the parental rights of *(attach copy of Petition to Terminate Parental Rights or Application for Freedom From Parental Custody, if filed)*:  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- g.  Adopting parent has custody of the child by court order or by agreement with the other parent, and each of the following persons with parental rights has not contacted the child and has not paid for the child's care, support, and education for one year or more when able to do so. (Fam. Code, § 8604(b).)  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- h.  The child has been abandoned as follows:  
 (1)  The child has been left by the child's parent or parents with no way to identify the child.  
 (2)  The child has been left in the custody of another person by both parents or the sole parent for six months without providing for the child's support, or without communication from the parent or parents, with the intent to abandon the child.  
 (3)  One parent has left the child in the care and custody of the other parent for one year or longer without providing for the child's support or without communication from the parent, with the intent to abandon the child.  
*(If any of the above boxes are checked, adopting parent must also check item 15d and file an Application for Freedom From Parental Custody. See Fam. Code, § 7822(a).)*
- i.  Each of the following persons with parental rights has died:  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**16 Suitability for adoption**

Each adopting parent:

- a. Is at least 10 years older than the child or meets the criteria in Family Code section 8601(b);
- b. Will treat the child as their own;
- c. Will support and care for the child;
- d. Has a suitable home for the child; *and*
- e. Agrees to adopt the child.



Your name: \_\_\_\_\_

**17 Requests to court**

- I/We ask the court to approve the adoption and to declare that the adopting parents and the child have the legal relationship of parent and child, with all the rights and duties of this relationship, including the right of inheritance.
- I/We ask the court to date its order approving the adoption as of an earlier date (*date*): \_\_\_\_\_ for the following reason (Fam. Code, § 8601.5):  
\_\_\_\_\_  
\_\_\_\_\_


*(Enter a date no earlier than the date parental rights were ended.)*

- This is a tribal customary adoption. I/We ask the court to approve the adoption and to declare that the adopting parents and the child have the legal relationship of parent and child, with all of the rights and duties stated in the attached tribal customary adoption order and in accordance with Welfare and Institutions Code section 366.24.

**18** If a lawyer is representing you in this case, the lawyer must sign here:

Date: \_\_\_\_\_ *Type or print lawyer's name*       \_\_\_\_\_ *Signature of lawyer for adopting parent(s)*

**19** I declare under penalty of perjury under the laws of the State of California that the information in this form and all its attachments is true and correct to my knowledge. This means that if I lie on this form, I am guilty of a crime.

Date: \_\_\_\_\_ *Type or print your name*       \_\_\_\_\_ *Signature of adopting parent*

Date: \_\_\_\_\_ *Type or print your name*       \_\_\_\_\_ *Signature of adopting parent*

**NOTICE—ACCESS TO AFFORDABLE HEALTH INSURANCE:** Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay toward high-quality affordable health care. For more information, visit [www.coveredca.com](http://www.coveredca.com). Or call Covered California at 1-800-300-1506 (English) or 1-800-300-0213 (Spanish).

CHILD'S NAME:	CASE NUMBER:
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1. Name of child:

2. (Check one)

I have not yet been able to complete the inquiry about the child's Indian status because:

I understand that I have an affirmative and continuing duty to complete this inquiry. I will do it as soon as possible and advise the court of my efforts.

I have asked or  I am advised by \_\_\_\_\_ and on information and belief confirm that this person has completed inquiry by asking the child, the child's parents, and other required and available persons about the child's Indian status. The person(s) questioned are:

Name:

Name:

Address:

Address:

City, state, zip:

City, state, zip:

Telephone:

Telephone:

Date questioned:

Date questioned:

Relationship to child:

Relationship to child:

Additional persons questioned and their information is attached.

3. This inquiry (*check one*):

gave me reason to believe the child is or may be an Indian child. (*If yes, continue to 4.*)

gave me no reason to believe the child is or may be an Indian child.

4.  I contacted the tribe(s) that the child may be affiliated with and worked with them to establish whether the child is a member or eligible for membership in the tribe(s). Information detailing the tribes contacted, the names of the individuals contacted, and the manner of the contacts is attached.

5. Based on inquiry and tribal contacts (*check all that apply*):

a.  The child is or may be a member of or eligible for membership in a tribe.

Name of tribe(s):

Location of tribe(s):

b.  The child's parents, grandparents, or great-grandparents are or were members of a tribe.

Name of tribe(s):

Location of tribe(s):

c.  The residence or domicile of the child, child's parents, or Indian custodian is on a reservation, rancheria, Alaska Native village or other tribal trust land.

d.  The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).

e.  The child is or has been a ward of a tribal court.

Name of tribe(s):

Location of tribe(s):

f.  Either parent or the child possesses an Indian Identification card indicating membership or citizenship in an Indian tribe.

Name of tribe(s):

Location of tribe(s):

6. If this is a delinquency proceeding under Welfare and Institutions Code section 601 or 602:

The child is in foster care.

It is probable the child will be entering foster care.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
<b>PARENTAL NOTIFICATION OF INDIAN STATUS</b>	CASE NUMBER:

**To the parent, Indian custodian, or guardian of the above named child: You must provide all the requested information about the child's Indian status by completing this form. If you get new information that would change your answers, you must let your attorney, all the attorneys on the case, and the social worker or probation officer, or the court investigator know immediately and an updated form must be filed with the court.**

1. Name:  
 2. Relationship to child:  Parent  Indian custodian  Guardian  Other:

**Indian Status**

3. a.  I am or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_
- b.  The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_
- c.  One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_  
 Name and relationship of ancestor(s): \_\_\_\_\_
- d.  I am a resident of or am domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.  
 e.  The child is a resident of or is domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.  
 f.  The child is or has been a ward of a tribal court.  
 g.  Either parent or the child possesses an Indian identification card indicating membership or citizenship in an Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Membership or citizenship number (if any): \_\_\_\_\_
- h.  None of the above apply.

4. A previous form ICWA-020  has  has not been filed with the court.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE)

**Note: This form is not intended to constitute a complete inquiry into Indian heritage. Further inquiry may be required by the Indian Child Welfare Act.**

For your protection and privacy, please press the Clear This Form button after you have printed the form.

**Print this form**

**Save this form**

**Clear this form**

# ADOPT-230

## Adoption Expenses

Clerk stamps date here when form is filed.

If you are adopting your stepchild, do not fill out this form.

① Your name (adopting parent):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address (skip this if you have a lawyer): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Lawyer (if any): (Name, address, telephone number, and State Bar number): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Fill in case number if known:

Case Number: \_\_\_\_\_

② Name of child after adoption:

\_\_\_\_\_

③ List the services you received that were related to the adoption of the child listed in ②:

Service	Name and address of service provider	How much paid, or value of service	Payment date
a. Hospital	_____ _____	\$ _____	_____
b. Prenatal care	_____ _____	\$ _____	_____
c. Legal fees paid	_____ _____	\$ _____	_____
d. Adoption agency fee paid	_____ _____	\$ _____	_____
e. Transportation	_____ _____	\$ _____	_____
f. Adoption facilitator fees paid	_____ _____	\$ _____	_____



Case Number: \_\_\_\_\_

Your name: \_\_\_\_\_

Service	Name and address of service provider	How much paid, or value of service	Payment date
g. Counseling fees paid	_____ _____	\$ _____	_____
h. Adoption service provider	_____ _____	\$ _____	_____
i. Pregnancy expenses paid	_____ _____	\$ _____	_____
j. Court filing fees paid	_____ _____	\$ _____	_____
k. Fingerprinting fees paid	_____ _____	\$ _____	_____
l. Other	_____ _____	\$ _____	_____

If you need more space, attach a sheet of paper and write "ADOPT-230, Item 3—Payment for Services" at the top.

Number of pages attached: \_\_\_\_\_

4 I declare under penalty of perjury under the laws of the State of California that I have listed all payments (or anything of value) that I have paid or agreed to pay, or that were paid on my behalf, related to the child I want to adopt. I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct, which means that if I lie on this form, I am guilty of a crime.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print your name



\_\_\_\_\_  
Signature of adopting parent

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print your name



\_\_\_\_\_  
Signature of adopting parent



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SAN JOAQUIN**  
180 East Weber Avenue, Suite #413  
Stockton, CA 95202

FOR COURT USE ONLY

IN THE MATTER OF THE ADOPTION PETITION OF:

\_\_\_\_\_  
(Name of Adopting stepparent/domestic partner)

on behalf of (Name of Minor/s):  
\_\_\_\_\_  
\_\_\_\_\_

**ADOPTION QUESTIONNAIRE**

CASE NUMBER:

**Instructions to Petitioner:**

In order to begin the investigation ordered by the Court, you must **complete** this questionnaire and provide copies of the required documents at the time you file your petition. The Court will not file an incomplete packet.

**PETITIONER**

Name:

Driver's License No.:

Maiden name and/or any other names used:

Name and telephone number of your attorney:

( )

Your address (Street, City, State and Zip Code):

How long at this address?

Years

Months

Home Telephone:

( )

Business Telephone:

( )

If no home or business telephone, give a contact number where the investigator can reach you:

( )

Social Security Number:

- -

Age:

Date of Birth:

/ /

Place of Birth:

**MARITAL HISTORY**

List all of your marriages.

	Name of spouse (use maiden name) & include present marriage	Date of Marriage	Date Separated	Date & How Terminated (dissolution, nullity, death of spouse)	Number of Children
First		/ /	/ /		
Second		/ /	/ /		
Third		/ /	/ /		

**Attach a copy of the current marriage license or Certificate of Registered Domestic Partnership**

## CHILDREN

List the child(ren) involved with this Court action.

Name	Date of Birth	Living with	Address	Name of other parent	Indian Ancestry?	
					yes	no
	/ /				<input type="checkbox"/>	<input type="checkbox"/>
	/ /				<input type="checkbox"/>	<input type="checkbox"/>
	/ /				<input type="checkbox"/>	<input type="checkbox"/>

### Attach a copy of birth certificate

If applicable, attach a copy of the most recent court order awarding custody of the child to be adopted or an Order Terminating Parental Rights or Order Declaring Minor Free from Parental Custody and Control.

## CHILDREN

List all of your children.

Name	Date of Birth	Living with	Address	Name of other parent
	/ /			
	/ /			
	/ /			

Have any of your children ever been arrested for an offense other than a traffic infraction?  **yes**  **no** If yes, please explain the charges and any convictions:

Are any of your children currently on probation or parole?  **yes**  **no** If yes, please explain the circumstances:

Have any of your adult children ever been investigated for, charged with, arrested for, or convicted of allegations of child neglect or abuse?  **yes**  **no** If yes, please explain the circumstances:

Have any of your adult children ever been reported for, charged with, arrested for, or convicted of allegations of domestic violence?  **yes**  **no** If yes, please explain the circumstances and outcome:

## EMPLOYMENT

Beginning with your present employment, list employment for the last 5 years.

Name of Employer	Address of Employer	Type of Job	Date Started	Date Ended	Reason for Leaving
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	



Current working hours and days:

<b>MONTHLY INCOME</b>	<b>Gross</b>	<b>Net</b>
From employment:	\$	\$
Own business:	\$	\$
Public Assistance (AFDC, unemployment, Social Security):	\$	\$
Other sources:	\$	\$
<b>TOTAL:</b>	\$	\$

Does the petitioner pay child support?  Yes  No If yes, what is the amount ordered by the court? \$ \_\_\_\_\_  
Is there any amount of arrears due?  Yes  No If yes, amount in arrears: \$ \_\_\_\_\_

### RESIDENTIAL HISTORY

If you have lived outside of the state of California after attaining majority (18 yrs of age) please complete the section below.

State	Address (include city)	From Date	To Date
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

Comments:

### CRIMINAL RECORD

Do you have a criminal record?  Yes  No If "Yes", please give details of date of arrest, charges, where this occurred, and disposition of case, include out of state criminal record:

Are you on Probation or Parole?  Yes  No  
If "Yes", please give name of Probation Officer or Parole Agent: \_\_\_\_\_  
Phone number: ( )

Are you required to register as a sex offender under California Penal Code section 290?  Yes  No If yes, please explain the circumstances, charges, and outcome:

Have you ever been investigated for, charged with, arrested for, or convicted of allegations of child neglect or abuse?  **yes**  **no** If yes, please explain the circumstances:

Have you ever been reported for, charged with, arrested for, or convicted of allegations of domestic violence?  **yes**  **no** If yes, please explain the circumstances and outcome:

### BIOLOGICAL FATHER

Name of Father:		Date last paid child support:
Address:		Date of last contact with child:
Date of Birth:	Place of Birth:	Race:
Has s/he consented to the Adoption: <input type="checkbox"/> Yes <input type="checkbox"/> No		

**If applicable, attach a copy of the death certificate or proof of parental rights being terminated.**

### BIOLOGICAL MOTHER

Name of Mother:		Date last paid child support:
Address:		Date of last contact with child:
Date of Birth:	Place of Birth:	Race:
Has s/he consented to the Adoption: <input type="checkbox"/> Yes <input type="checkbox"/> No		

**If applicable, attach a copy of the death certificate or proof of parental rights being terminated.**

### HOUSEHOLD

List all other adults living in the home.

Name	Date of Birth	Social Security #	How Related?	Has a criminal record? If yes, explain.
	/ /	- -		<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>

	/ /	- -	<input type="checkbox"/> yes <input type="checkbox"/> no
	/ /	- -	<input type="checkbox"/> yes <input type="checkbox"/> no

Are you aware of any reports alleging any form of child abuse, neglect, or molestation made to any agency charged with protecting children (e.g., Child Protective Services) or any other law enforcement agency regarding you or any other person living in your home?  Yes  No If yes, explain in an attachment and provide the name and address of each agency.

**Explain Criminal record for each person by including the explanation(s) on an attachment to the questionnaire.**

**Before filing your documents with the court, confirm that you have attached all required documents to this packet.**

**DECLARATION**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_

*(Name of Petitioner)*

\_\_\_\_\_

*(Signature of Petitioner)*

Original for Court Record  
Certified Copy for State Department of Social Services

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

In the Matter of the Petition of

\_\_\_\_\_  
Petitioner



**STEPARENT ADOPTION**

**Consent to Adoption by Parent  
Retaining Custody**

I, the undersigned, being the parent of \_\_\_\_\_ give my full and  
free consent to the adoption of said child by \_\_\_\_\_, who is  
my husband/wife/domestic partner without relinquishing any of my rights, duties, obligations as his/her parent, and I respectfully ask  
that the petition be granted.

Said child was born on \_\_\_\_\_ in \_\_\_\_\_ and is the child  
of \_\_\_\_\_ and \_\_\_\_\_  
Date \_\_\_\_\_ 20 \_\_\_\_\_  
Signature of Parent \_\_\_\_\_

Signed in the presence of  
\_\_\_\_\_  
\*Title

\* The Clerk of the Superior Court, the Probation Officer, or, where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness.

This form for use only when person giving consent is husband or wife of petitioner or domestic partner, as defined in Family Code Section 297, of petitioner.

Original for court record, certified copy to be sent immediately to California Department of Social Services, Sacramento.

# IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA IN AND FOR THE COUNTY OF \_\_\_\_\_

In the Matter of the Petition of

\_\_\_\_\_  
Petitioner



## STEPPARENT ADOPTION

*Consent to Adoption by a Parent in or outside  
of California Giving Custody to Husband or Wife  
or Domestic Partner of Other Parent*

I, being the parent of \_\_\_\_\_ Gender: M  F   
Name of Minor child

Do hereby give my full and free consent to the adoption of said child by

\_\_\_\_\_  
Name of Petitioner (Stepparent)

*The petitioner herein, it being fully understood by me that with the signing of this document my consent may not be withdrawn except with court approval and that with the signing of the order of adoption by the court, I shall give up all my rights of custody; services, and earning of said child, and that said child cannot be reclaimed by me.*

Said child was born on \_\_\_\_\_ in \_\_\_\_\_  
Date City and State

And is the child of \_\_\_\_\_ and \_\_\_\_\_  
Name of Birth Parent Name of Birth Parent

DATE \_\_\_\_\_ Signature of Parent

### WITNESS BY:

*If this form is being signed in the State of California the Clerk of the Superior Court, the Probation Officer, qualified court investigator or; where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness. [Family Code § 9003]*

If this form is being signed outside the State of California only a notary or other person authorized to perform notary acts within that state can witness.

SIGNED IN COUNTY/STATE	NAME OF AGENCY
NAME OF WITNESS	TITLE OF WITNESS
SIGNATURE OF WITNESS	DATE

### COMPLETED BY NOTARY PUBLIC

*Complete this section when the form is not being signed in the presence of an agency representative.  
The Notary Public must staple the acknowledgement document to this form and sign and date.*

SIGNATURE OF NOTARY	DATE
---------------------	------

**NOTICE TO THE BIRTH PARENT WHO CONSENTS TO THE CHILD'S ADOPTION:** *If you and your child lived together at any time as parent and child, the adoption of your child by a stepparent does not affect the child's right to inherit your property or the property of blood relatives. For further information regarding this right of inheritance, you should consult an attorney at your own expense.*

*This form to be used only when parent is giving custody of the child to the husband or wife or domestic partner, as defined in Family Code Section 297, or other parent. Original for court record.*

Original for Court Record

*In the Superior Court of the State of California  
in and for the County of \_\_\_\_\_*

\* \* \* \* \*  
*In the Matter of the Petition of*  
\_\_\_\_\_  
Petitioner  
\*  
\*  
\*  
\*  
\*

**STEPPARENT ADOPTION**

***Consent to Adoption by Parent Outside  
California in Armed Forces Giving Custody to  
Husband or Wife or Domestic Partner of Other Parent***

*I, the undersigned, being the parent of \_\_\_\_\_  
Name of Minor  
do hereby give my full and free consent to the adoption of said child by*

\_\_\_\_\_  
Name of Petitioner (Stepparent)

*the petitioner herein, it being fully understood by me that with the signing of this document my consent may not be  
withdrawn except with court approval, and that with the signing of the order of adoption by the court, I shall give up all  
my rights of custody, services, and earnings of said child, and that said child cannot be reclaimed by me.*

*Said child was born on \_\_\_\_\_ in \_\_\_\_\_ and is  
Date City and State  
the child of \_\_\_\_\_ and \_\_\_\_\_  
Name of Natural Parent Name of Natural Parent  
Date \_\_\_\_\_ 20 \_\_\_\_.*

\_\_\_\_\_  
Signature of Parent

*On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_,  
Name of Officer  
the undersigned officer, personally appeared \_\_\_\_\_ satisfactorily  
Name of Parent*

*proven to be (a) serving in the armed forces of the United States, (b) a spouse of a person serving in the armed forces of  
the United States, or (c) a person serving with, employed by, or accompanying the armed forces of the United States  
outside the United States and outside the Canal Zone, Puerto Rico, Guam, and the Virgin Islands, and to be the person  
whose name is subscribed to the within instrument and acknowledged that he/she executed the same. And the  
undersigned does further certify that he/she is at the date of this certificate a commissioned officer in the active service  
of the armed forces of the United States having the general powers of a notary public under the provisions of Section  
936 of Title 10 of the United States Code (Public Law 90-632).*

*I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true  
and correct.*

\_\_\_\_\_  
\_\_\_\_\_  
SIGNATURE OF OFFICER AND SERIAL NUMBER, RANK,  
BRANCH OF SERVICE AND CAPACITY IN WHICH SIGNED

***NOTICE TO BIRTH PARENT WHO CONSENTS TO THE CHILD'S ADOPTION:*** *If you or your child lived together at  
any time as parent and child, the adoption of your child by a stepparent does not affect the child's right to inherit your  
property or the property of blood relatives. For further information regarding this right of inheritance, you should consult  
an attorney at your own expense.*

\* SEE REVERSE SIDE

*This form to be used only when parent is giving custody of child to husband/wife/domestic partner, as defined in Family  
Code Section 297, of other parent.  
Original for court record.*

Section 1183.5 of the Civil Code of California states in part:

**§ 1183.5, Notarial acts**

**Armed forces.** Any officer on active duty or performing inactive-duty training in the armed forces having the general powers of a notary public pursuant to Section 936 or 1044a of Title 10 of the United States Code (Public Law 90-632 and 101-510) and any successor statutes may perform all notarial acts for any person serving in the armed forces of the United States, wherever he or she may be, or for any spouse of a person serving in the armed forces, wherever he or she may be, or for any person eligible for legal assistance under laws and regulations of the United States, wherever he or she may be, for any person serving with, employed by, or accompanying such armed forces outside the United States and outside the Canal Zone, Puerto Rico, Guam and the Virgin Islands, and any person subject to the Uniform Code of Military Justice outside of the United States.

\* \* \* \* \*

# ADOPT-210 Adoption Agreement

Clerk stamps date here when form is filed.

## 1 Adopting parent(s)

a. Name: \_\_\_\_\_

b. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address (skip this if you have a lawyer): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Lawyer (if any) (name, address, telephone numbers, e-mail address, and State Bar number): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Court fills in case number when form is filed.

Case Number: \_\_\_\_\_

## 2 Information about the child

Child's name before adoption: \_\_\_\_\_

Child's name after adoption: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

### Signing this form:

- Adoptions usually require a hearing where most signatures on this form must be completed in front of a judge.
- Item 4b may be signed before the hearing.
- If this is a stepparent adoption to confirm parentage involving a spouse or registered domestic partner who gave birth to the child or established parentage over a child born through gestational surrogacy during the union, usually no hearing is required and you may sign this form in front of a proper witness. See item 8a for instructions on having your signature properly witnessed. If the court orders a hearing in this case, you must sign this form at the hearing in front of the judge.
- All other signatures must be signed at a hearing, in front of a judge, unless waived by the judge for good cause.

## 3 I am the child listed in 2 and I agree to the adoption. (Not required in the case of a tribal customary adoption under Welf. & Inst. Code, § 366.24.)

Date: \_\_\_\_\_  
Type or print your name

Signature of child (child must sign if 12 or older; optional if child is under 12)

## 4 If there is only one adopting parent and that person is married and not separated, the consent of their spouse is required under section 8603 of the Family Code. Read and sign below. Stepparent adoptions: Go to Item 7.

a. I am the adopting parent listed in 1, and I agree that the child will:

- (1) Be adopted and treated as my legal child (Fam. Code, § 8612(b)) and
- (2) Have the same rights as a natural child born to me, including the right to inherit my estate.

Date: \_\_\_\_\_  
Type or print your name

Signature of adopting parent





Your name: \_\_\_\_\_

b. I am married to, or am the registered domestic partner of, the adopting parent listed in ①, and I am not a party to this adoption. I agree to the adoption of the child by the adopting parent listed in ①.

Date: \_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Signature of spouse or registered domestic partner  
(may be signed before hearing)*

⑤ *If there are two adopting parents, read and sign below.*

We are the adopting parents listed in ①, and we agree that the child will:

- a. Be adopted and treated as our legal child (Fam. Code, § 8612(b)) and
- b. Have the same rights as a natural child born to us, including the right to inherit our estate.

I agree to the other parent's adoption of the child.

Date: \_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Signature of adopting parent*

I agree to the other parent's adoption of the child.

Date: \_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Signature of adopting parent*

⑥ *If this is a tribal customary adoption, read and sign below.*

I/we are the adopting parents listed in ①, and I/we agree that the child will:

- a. Be adopted and treated as my/our legal child (Fam. Code, § 8612(b)) and
- b. Have the same rights and duties stated in the tribal customary adoption order dated \_\_\_\_\_ (copy attached).

If two adopting parents, we agree to the other parent's adoption of the child.

Date: \_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Signature of adopting parent*

Date: \_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Signature of adopting parent*

⑦ *For stepparent adoptions only:*

*If you are the legal parent of the child listed in ②, read and sign below.*

I am the legal parent of the child and am the spouse or registered domestic partner of the adopting parent listed in ①. I agree to the adoption of my child by the adopting parent listed in ①.

Date: \_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Signature of legal parent*



Your name: \_\_\_\_\_

**8 Executed (check one):**

- a.  This form was signed outside of a hearing. *(Select this option only for a stepparent adoption to confirm parentage under Family Code, § 9000.5, where the court did not order a hearing for good cause.)*

- (1)  This form was signed **in** California.

This form was signed in front of the following type of witness *(check one)*:

- Notary public *(the notary acknowledgment is attached)*  
 Court clerk  
 Probation officer  
 Qualified court investigator  
 Authorized representative of a licensed adoption agency  
 County welfare department staff member

- (2)  This form was signed **outside** of California.

This form was signed in front of the following type of witness *(check one)*:

- Notary public *(the notary acknowledgment is attached)*  
 Other person authorized to perform notarial acts *(proof of notarization is attached)*  
 Authorized representative of an adoption agency that is licensed in the state or country where this form was signed

- (3) Witness information

This form was signed in: (county) \_\_\_\_\_ (state) \_\_\_\_\_ (country) \_\_\_\_\_

Name of witness: \_\_\_\_\_

Agency witness works for *(if applicable)*: \_\_\_\_\_

Date: \_\_\_\_\_

Witness signature:  \_\_\_\_\_

- b.  This form was signed at a hearing in front of a judicial officer. *(The judge will date and sign the form below.)*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Judge (or Judicial Officer)*

# ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

## 1 Adopting parent(s)

a. Name: \_\_\_\_\_  
b. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime telephone number: \_\_\_\_\_  
Lawyer (if any) (name, address, telephone number, e-mail address,  
and State Bar number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Court fills in case number when form is filed.

Case Number: \_\_\_\_\_

## 2 Information about the child

Child's name after adoption: \_\_\_\_\_  
First name: \_\_\_\_\_  
Middle name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth (if known): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

3 Name of adoption agency (if any): \_\_\_\_\_

## 4 Hearing details

Hearing date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Div.: \_\_\_\_\_ Rm.: \_\_\_\_\_  
Judicial officer: \_\_\_\_\_ Clerk's office telephone number: \_\_\_\_\_

People present at the hearing:

Adopting parent(s)     Lawyer for adopting parent(s)  
 Child     Child's lawyer

Parent keeping parental rights: \_\_\_\_\_

Other people present (list each name and relationship to child):

a. \_\_\_\_\_  
b. \_\_\_\_\_

*If there are more names, attach a sheet of paper, write "ADOPT-215, Item 4" at the top, and list the additional names and each person's relationship to child.*

The hearing is waived pursuant to Family Code section 9000.5 (Check this box only if this is an adoption confirming parentage of a parent who was married to or in a state-registered domestic partnership, including a registered domestic partnership or civil union from another jurisdiction, with the legal parent at the time the child was born.)

**Judge will fill out section below.**

## 5 The judge finds that the child (check all that apply):

- a.  Is 12 or older and agrees to the adoption  
b.  Is under 12  
c.  Is not required to consent because this is a tribal customary adoption.



Case Number: \_\_\_\_\_

Your name: \_\_\_\_\_

- 6 The judge has reviewed the report and other documents and evidence and finds that each adopting parent:
  - a. Is at least 10 years older than the child or meets the criteria in Fam. Code, § 8601(b);
  - b. Will treat the child as their own;
  - c. Will support and care for the child;
  - d. Has a suitable home for the child; *and*
  - e. Agrees to adopt the child.
- 7  This case is an adoption by a relative petitioned under Family Code section 8714.5.
  - The adopting relative  The child, who is 12 or older, has requested that the child's name before adoption be listed on this order. (Fam. Code, § 8714.5(g).) The child's name before adoption was: First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_
- 8  The child is an Indian child. The judge finds that this adoption meets the placement requirements of the Indian Child Welfare Act or that there is good cause to give preference to these adopting parents. The clerk will fill out 13 below.
- 9  The judge approves the *Contact After Adoption Agreement* ([ADOPT-310](#))
  - As submitted  As amended on ADOPT-310
- 10  This is a tribal customary adoption. The tribal customary adoption order of the \_\_\_\_\_ tribe dated \_\_\_\_\_ containing \_\_\_\_\_ pages and attached hereto is fully incorporated into this order of adoption.
- 11  This is an adoption under the Hague Adoption Convention. *Verification of Compliance with Hague Adoption Convention Attachment* (form ADOPT-216) is attached and fully incorporated into this order.
- 12  This is an adoption involving an additional parent or parents.  All persons with existing parental rights agreed to this adoption and will maintain their existing parental rights.  An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s), was filed with the court.
- 13 The judge believes the adoption is in the child's best interest and orders this adoption. The child's name after adoption will be: First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 The adopting parent or parents and the child are now parent and child under the law, with all the rights and duties of the parent-child relationship or, in the case of a tribal customary adoption, all the rights and duties set out in the tribal customary adoption order and Welfare and Institutions Code section 366.24.  
 The judge believes it will serve public policy and the best interest of the child to grant the request of the adopting parent or parents for the court to make this order effective as of (date): \_\_\_\_\_.

Date: \_\_\_\_\_  
(Date of Signature)

\_\_\_\_\_  
Judge (or Judicial Officer)

**Clerk will fill out section below.**

**14 Clerk's Certificate of Mailing**

For the adoption of an Indian child, the clerk certifies:  
 I am not a party to this adoption. I placed a filed copy of:

- Adoption Request* (form ADOPT-200)  *Adoption of Indian Child* (form ADOPT-220)
- Adoption Order* (form ADOPT-215)  *Contact After Adoption Agreement* (form ADOPT-310)

in a sealed envelope, marked "Confidential" and addressed to:  
 Chief, Division of Social Services  
 Bureau of Indian Affairs  
 1849 C Street, NW  
 Mail Stop 310-SIB  
 Washington, DC 20240

The envelope was mailed by U.S. mail, with full postage, from:  
 Place: \_\_\_\_\_ on (date): \_\_\_\_\_  
 Date: \_\_\_\_\_ Clerk, by: \_\_\_\_\_, Deputy

# COURT REPORT OF ADOPTION

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

STATE FILE NUMBER \_\_\_\_\_

LOCAL REGISTRATION NUMBER \_\_\_\_\_

**TYPE OR PRINT CLEARLY IN BLACK INK ONLY**

**PART I**      **The information provided in this section must be the information as it was at birth. Without this data, it may be impossible to prepare a new Certificate of Birth.**

<b>FACTS OF BIRTH</b>	1A. NAME OF CHILD—FIRST		1B. MIDDLE		1C. LAST (BIRTH)		
	2. SEX	3. DATE OF BIRTH—MM/DD/CCYY	4. NAME OF PHYSICIAN (OR ATTENDANT, CERTIFIER, OR OTHER PERSON WHO ATTENDED THIS BIRTH)				
	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY			5B. CITY		5C. STATE OR COUNTRY	
<b>PARENTS' DATA</b>	6A. FULL NAME OF PARENT—FIRST		6B. MIDDLE		6C. LAST (BIRTH)		6D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	7A. FULL NAME OF PARENT—FIRST		7B. MIDDLE		7C. LAST (BIRTH)		7D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT

**PART II**      **Adoptive parents must furnish personal information about themselves as it was on the child's date of birth. This information is used to prepare the new Certificate of Birth.**

<b>PARENT INFORMATION</b>	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input type="checkbox"/> BIOLOGICAL PARENT <input type="checkbox"/>						
	8A. NAME OF PARENT—FIRST		8B. MIDDLE		8C. LAST (BIRTH)		8D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	9. STATE/FOREIGN COUNTRY OF BIRTH			10. DATE OF BIRTH—MM/DD/CCYY			
<b>PARENT INFORMATION</b>	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input type="checkbox"/> BIOLOGICAL PARENT <input type="checkbox"/>						
	11A. NAME OF PARENT—FIRST		11B. MIDDLE		11C. LAST (BIRTH)		11D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	12. STATE/FOREIGN COUNTRY OF BIRTH			13. DATE OF BIRTH—MM/DD/CCYY			
<p><b>14. PLEASE CHECK ONE</b></p> <p>I want the original birth certificate sealed, and a new birth certificate established. . . . . <input type="checkbox"/></p> <p>Pursuant to Health and Safety Code Section 102640, I choose not to have a new birth certificate established. . . . . <input type="checkbox"/></p>							
<p><b>15. Do you want the name of the hospital or other facility where birth occurred omitted from the new birth certificate as provided for in Section 102645 of the Health and Safety Code? (PLEASE CHECK ONE)</b></p> <p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>							
<b>VERIFICATION OF PART II</b>	16. SIGNATURE OF PARENT VERIFYING DATA IN PART II ▶			17. MAILING ADDRESS OF PARENT VERIFYING DATA IN PART II			
<b>AGENCY OR DEPARTMENT</b>	18A. NAME OF AGENCY OR DEPARTMENT			18B. MAILING ADDRESS OF AGENCY/DEPARTMENT THAT INVESTIGATED/HANDLED THE ADOPTION			
<b>ATTORNEY</b>	19A. SIGNATURE AND PRINTED NAME OF ATTORNEY ▶			19B. MAILING ADDRESS OF ATTORNEY			

**PART III**      **The court clerk must obtain as much information as is available to complete Parts I and II before completing Part III and forwarding the record and Court Order/Final Decree to the State Registrar as required by law.**

<b>COURT CLERK</b>	20. I HEREBY CERTIFY THAT THE INDIVIDUAL DESCRIBED ABOVE WAS ADOPTED BY THE ABOVE NAMED ADOPTIVE PARENTS ON THE _____ DAY OF _____, 20_____, AS SET FORTH IN THE DECREE OF ADOPTION MADE ON THAT DATE IN CASE NUMBER _____					
	21A. NEW NAME AS SET FORTH IN THE DECREE OF ADOPTION – FIRST		21B. MIDDLE		21C. LAST	
	22. SIGNATURE AND SEAL OF COURT CLERK ▶				BY:	
	23. CLERK IN AND FOR THE COUNTY OF:		24. DATE SIGNED—MM/DD/CCYY		25. DATE PETITION FOR ADOPTION FILED—MM/DD/CCYY	
<b>NAME AND MAILING ADDRESS OF PERSON TO WHOM CERTIFIED COPY IS TO BE SENT</b>	NAME					
	ADDRESS—Street and Number		CITY, STATE, ZIP CODE		DAYTIME TELEPHONE NUMBER (     )	

## GENERAL INFORMATION

The Court Clerk shall complete and transmit a court report of adoption to CDPH - Vital Records for each decree of adoption granted by any court in the State of California.

CDPH - Vital Records shall transmit court reports of adoptions for births that occurred in another state, the District of Columbia, any territory of the United States, or Canada to the appropriate registration authority.

The information contained in Part I and Part II of this certificate is required in order to identify and seal the original birth certificate and prepare a new birth certificate. Once the original birth certificate is sealed, it is only available upon order of a Superior Court.

## INSTRUCTIONS

The agency or department handling the adoption should fill out Parts I and II, but the Court Clerk may complete any incomplete items in Part I or Part II from the information furnished in the court record.

When requested by the adoptive parents, the CDPH - Vital Records shall **not** establish a new birth certificate for the child. (Health & Safety Code Section 102640.) The adoptive parents should indicate in Item 14 whether they DO want a new birth certificate established (by checking the "Yes" Box) or whether they DO NOT want a new birth certificate established (by checking the "No" Box).

The adoptive parents may request CDPH – Vital Records to omit the specific name and address of the hospital or other facility where the birth occurred by checking the "Yes" Box in Item 15. (Health & Safety Code Section 102645.)

A deceased spouse of an adopting single parent can be listed on the new birth certificate if both adopting parents were in the home at the time of the initial placement of the child for adoption. Refer to Health & Safety Code Section 102660 for additional requirements.

One of the adopting parents should verify the information in Part II, sign in Item 16, and enter his or her mailing address in Item 17. The name and address of the agency or department and the attorney handling the adoption should be entered in Items 18 and 19.

The applicable fee shall be paid to the Court Clerk at the time of filing the petition in an adoption proceeding for the services required by statute of the State Registrar. (Health & Safety Code Section 103730.)

For cases in which the petition for adoption was filed on or after January 1, 1972, and the individual was born in California or a foreign country, a certified copy of the new birth record will be furnished without additional fee as provided in Health & Safety Code Section 102710.

For adoptions that occurred prior to January 1, 1972, or in another state, a fee must be submitted for processing the new birth certificate, which includes one certified copy.

Additional certified copies may be obtained from CDPH – Vital Records, but there is an additional fee for each additional certified copy requested. Please contact CDPH – Vital Records for the current fees, or visit our website at [www.cdph.ca.gov](http://www.cdph.ca.gov). Please do not order additional copies until you have reviewed the original copy for accuracy. The mailing address for CDPH – Vital Records is:

California Department of Public Health – Vital Records  
MS 5103  
P.O. Box 997410  
Sacramento, CA 95899-7410

**Attorney or Party without Attorney**

Name:

State Bar #:

Address:

Space above reserved for court use only

**Superior Court of California, County of San Joaquin**

Family Law Annex

Civil/ Probate/ Juvenile Branch

180 E. Weber Ave, Stockton CA 95202

Case Name:

Case Number:

**Request to Set Default or Uncontested  
Matter for Hearing**

This Proceeding is set for hearing on: \_\_\_\_\_ at \_\_\_\_\_ .M. Dept: \_\_\_\_\_

**Nature of Proceeding:**

- Freedom from Parental Control     Step Parent Adoption     Adoption
- Default – Dissolution     Nullity     Legal Separation     Support
- Appearance and Waiver – Dissolution     Nullity     Legal Separation
- Parental Relationship
- Default –Civil     Minor’s Compromise
- Other

I hereby represent to the court that this proceeding is ready for hearing and I know of no reason why this matter should not be heard as soon as the calendar of the court will permit.

This matter will be personally presented in court by \_\_\_\_\_  
(name of attorney or person without attorney)

Date signed: \_\_\_\_\_ Signature: \_\_\_\_\_  
Name of Law Firm

Please note below your suggested hearing dates.

\_\_\_\_\_

**Your copy of this request will be returned with the hearing date filled in.**

Please file original plus one copy and a self-addressed stamped envelope

SJ 71 – Request to Set Default or Uncontested Matter for Hearing